

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213532849

1.) CORPORATION NAME:

DUE DATE: **7/31/2013****CHARLOTTE HOSPITALITY EMPLOYER, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1046723****CORPORATION SERVICE COMPANY****Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 CARLSON PARKWAY

CITY/ST/ZIP: MINNETONKA, MN 55305

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THORSTEN KIRSCHKE
TITLE: COB/P/CEO/COO
ADDRESS: 701 CARLSON PARKWAY
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

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OFFICER

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DIRECTOR

NAME: STEVEN A. BROWN
TITLE: SR. VP
ADDRESS: 701 CARLSON PARKWAY
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

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OFFICER

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DIRECTOR

NAME: BRADLEY M HALL
TITLE: VP/TREAS
ADDRESS: 701 CARLSON PARKWAY
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

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OFFICER

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DIRECTOR

NAME: JAMES H PETERSON
TITLE: VICE PRESIDENT
ADDRESS: 701 CARLSON PARKWAY
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

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OFFICER

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DIRECTOR

NAME: JAVIER ROSENBERG
TITLE: EVP
ADDRESS: 701 CARLSON PARKWAY
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

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OFFICER

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DIRECTOR

NAME: SUZANNE H RIESTERER
TITLE: CCO
ADDRESS: 701 CARLSON PKWY
CITY/ST/ZIP/CO: MINNETONKA, MN 55305

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OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEGAN BLAZINA ASST SECRETARY 701 CARLSON PARKWAY MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSIE BYERS PRESIDENT 701 CARLSON PARKWAY MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT KLEINSCHMIDT CFO 701 CARLSON PARKWAY MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A. VAN BRUNT ASST SECRETARY 701 CARLSON PARKWAY MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOY LINSLEY VICE PRESIDENT 701 CARLSON PARKWAY MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY FREUND VICE PRESIDENT 701 CARLSON PARKWAY MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES H PETERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES H PETERSON, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/16/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			